

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41612
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 265

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Saint Charles | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles | | | | c. CITY OR TOWN Rural-St. Chas. twsp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. | | | | Length of stay in 1b 2 days | | d. STREET ADDRESS Harvester | |
| 3. NAME OF DECEASED (Type or print) Leo Frederick Martin | | | | 4. DATE OP DEATH Nov. 12, 1957 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH March 12, 1882 | |
| 9. AGE (In years last birthday) 75 | | 10. IF UNDER 1 YEAR Months 8 Days 0 | | 11. IF UNDER 24 HRS. Hours 0 Min. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | | | 10b. KIND OF BUSINESS OR INDUSTRY farm | | 11. BIRTHPLACE (City and state or country) Saint Charles, Mo. | |
| 13a. FATHER'S NAME Peter Martin | | | | 13b. MOTHER'S MAIDEN NAME Mary Linhoff | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Ben L. Martin, St. Charles, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute anterior myocardial infarction | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 6hrs | |
| Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. | | | | | | DUE TO (b) _____ DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of the prostate | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | | | |
| 21. I attended the deceased from 9-5-57 to 11-12-57 and last saw him alive on 11-12-57 Death occurred at 10:50P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Paul H. Locher M.D. D. | | | | 22b. ADDRESS 114 N. Main St., St. Chas., Mo. | | | |
| 22c. DATE SIGNED 10-11-14-57 | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Nov. 15, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery | | 23d. LOCATION (City, town, or county) (State) Cottleville, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS W.C. Dalbey & Son, St. Charles, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Nov. 17-57 | | 26. REGISTRAR'S SIGNATURE Marcella Wilson | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4832

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.